

<b>Case Number:</b>	CM13-0061341		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/24/2010
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 40-year-old female with a 2/24/10 date of injury. At the time (10/1/13) of request for authorization for Percocet 10/325 mg, there is documentation of subjective (diffuse low back pain) and objective (tenderness to palpation over the lumbar spine with distal radiation of pain, reduced lumbar range of motion, decreased quadriceps strength, and positive straight leg raise) findings, current diagnoses (lumbosacral neuritis or radiculitis, lumbago, and chronic pain syndrome), and treatment to date (Percocet since at least 5/17/13 with pain relief and increased ability to perform activities of daily living). In addition, a 12/27/13 medical report identifies a signed opiate contract.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**PERCOCET 10/325 MG 1-2 TABLETS 3 TIMES DAILY AS NEEDED #180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** The MTUS Chronic Pain Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is

being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. Within the medical records provided for review, there is documentation of diagnoses of lumbosacral neuritis or radiculitis, lumbago, and chronic pain syndrome. In addition, given documentation of a signed opiate contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of ongoing treatment with Percocet since at least 5/17/13 with pain relief and increased ability to perform activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Percocet. Therefore, based on guidelines and a review of the evidence, the request for Percocet 10/325 mg is medically necessary and appropriate.